

City of Centralia EMPLOYMENT OPPORTUNITY

Job Title: Entry Level/Lateral Police Officer

<u>Currently recruiting for 3 vacancies, Centralia PD will take a first look at ALL ENTRY & LATERAL applications and test scores by Friday, September 23, 2022</u>

Job Class: Full-time, Union (Teamsters)

Job Hours: as assigned

Salary: \$5,163 per month for entry level police officers during Basic Law Enforcement Academy

\$6,454 - \$7,672 per month (2022 rates)

Description: GENERAL FUNCTION:

The role of the Police Officer is to work in partnership with the community to protect life and property, reduce crime and enhance security and quality of life. This classification provides emergency services, security and protection of the citizens of the city by patrolling businesses and residential areas, responding to requests for information and assistance, investigating criminal activity and otherwise ensuring the proper enforcement of all local, state and federal laws and regulations.

EDUCATION AND EXPERIENCE:

- 1. The employee must be at least 21 years of age.
- 2. The employee must meet the required physical, medical and civil service requirements, including polygraph, psychological and background screening.
- 3. Be a U.S. citizen,
- 4. Have no convictions for a felony offense,
- 5. The employee must possess a high school diploma or GED.
- 6. The employee must have or be able to obtain basic law enforcement certification from the Washington State criminal Justice Training Commission.
- 7. The employee must have a valid Washington State driver's license and a driving record acceptable to the City and the City's insurance carrier.

<u>Lateral applicants must also possess the following</u>: a minimum of one year law enforcement experience, satisfactory completion of the Washington State Criminal Justice Training Academy or possess any state's equivalent academy certificate, and have employment as a full-time law enforcement officer within twelve months prior to testing for this position.

Application Process:

- ALL ENTRY LEVEL APPLICANTS must apply and test through National Testing Network at www.nationaltestingnetwork.com . Once testing is complete applicants will be placed on an Entry Level Register for future consideration to progress to the next step under Civil Service Rules. Any questions may be directed to Civil Service Secretary, PO Box 609/118 W Maple, Centralia, WA 98531 (360-623-8251). (Last test to be considered in first round will be Friday, September 23, 2022.)
- 2. ALL LATERAL APPLICANTS must complete a City of Centralia Employment Application available at www.cityofcentralia.com or at City Hall 118 W Maple/PO box 609, Centralia, WA 98531. Once your application is received you will be placed on a Lateral Entry Register for future consideration to progress to the next step under Civil Service Rules. Any questions may be directed to Civil Service Secretary, PO Box 609/118 W Maple, Centralia, WA 98531 (360-623-8251). (All lateral applications to be considered in the first round must be turned in by Friday, September 23, 2022 by 5 pm, no postmarks will be accepted)

The City of Centralia is an equal opportunity employer and is committed to providing equal opportunity and access regardless of race, religion, creed, color, national origin, age, sex, disabled veteran status, veteran status, physical, mental or sensory disability. Women, minorities, veterans and persons with disabilities are encouraged to apply. The city will provide reasonable accommodation for persons with disabilities during the selection process, if requested. Please notify Personnel of the accommodation needed, preferably at the time of applying.

Only United States citizens and aliens lawfully authorized to work in the United States are eligible for employment. All new employees will be required to



CITY OF CENTRALIA

118 W. Maple Street/P.O. Box 609 Centralia, WA 98531 www.cityofcentralia.com

APPLICATION FOR EMPLOYMENT

ast Name	IFORMATION First Name		Home Phone		Cell Phone	
Address	Work Phone			Email Add	ress	
City, State, Zip		How would you like	e us to contac	ct you?		
Are you a current or forme	er City of Centralia	Position/Departi	ment	Dat	es	
Relatives employed by the City		Relationship	Relationship		Department	
WORK HISTORY Current or Most Recent Em	ployer	Start Date	End D	ate	Supervisor	
Current or Most Recent Em	ployer		End D			
	ployer	Start Date Position/Title	End D		Supervisor yer Phone	
Current or Most Recent Em	ployer		End D			
Current or Most Recent Em City/State Job Duties Reason For Leaving:		Position/Title		Emplo	yer Phone	
Current or Most Recent Em City/State Job Duties		Position/Title		YES		
Current or Most Recent Em City/State Job Duties Reason For Leaving: Do we have your per		Position/Title	oloyer?	YES rate	yer Phone	

work history (continued)						
Employer		Start Dat	е	End Date		Supervisor
Ch. /Ch. h		D. W.				DI.
City/State		Position/	Title	Em	nployer	· Phone
Job Duties						
Reason For Leaving:						
EDUCATION	-11	P3 1	VEC	INO		
Did you graduate from high s	chool or obtain a GE	D?	YES	NO		
School Name & Location						
				0.800.11		
Please list all Colleges				0.0-1/0		64
School Name & Location	Sta	rt Date	End Date	Major/Area of Stu	iay D	egree/Year Awarded
School Name & Location	Sta	rt Date	End Date	Major/Area of Stu	idy D	egree/Year Awarded
School Name & Location	Sta	rt Date	End Date	Major/Area of Stu	ıdy D	Pegree/Year Awarded
Please list all Business	and Trade Sch	ools atte	ended:			
School Name & Location	Sta	rt Date	End Date	Major/Area of Stu	idy C	ertificate/Year Awarded
School Name & Location	Sta	ırt Date	End Date	Major/Area of Stu	ıdy C	Certificate/Year Awarded
School Name & Location	Sta	rt Date	End Date	Major/Area of Stu	idv C	Certificate/Year Awarded
		Date	Lina Date		,	restantiately real retrained
Other Courses or Train	ing Attended:					
Institution	Location		Course		Cour	se Length and Date
			,			·
Institution	Location		Course		Cour	se Length and Date

SPECIAL SKILLS AND KNOWLEDGE Please list any special training, skills, professional memberships, certificates, licenses, or experiences that would pertain to the position you are applying for: FOR CLERICAL/ADMINISTRATIVE POSTIONS ONLY Please indicate your level of skill with the following Microsoft Software Systems. Word: Excel: PowerPoint: Outlook: FOR TRADES AND LABOR POSITIONS ONLY Please list any specialized tools, machines and equipment you can operate. 1. 2. 3. 4. 5. 6. Branch **Date Entered** Date Discharged Please Describe any service-related skills that may be applicable to the position you are applying for: Do you wish to claim Veteran's Preference for testing, pursuant to RCW 41.01.010? YES NO U.S. MILITARY SERVICE (FOR CIVIL SERVICE CLASSIFIED POSITIONS ONLY) BACKGROUND INFORMATION FOR ALL POSTIONS Are you a U.S. citizen, or, do you have a Visa permitting you to work in the U.S? YES NO (Documentation of authorization to work in the U.S. will be required if an offer of employment is made and accepted.) Driver's license number State Expiration Date Have you ever been disciplined or discharged for cause? NO If yes, please briefly describe the circumstances: Please list any violations, tickets, accidents, or incidents in the last five (5) years that will be listed on your driving record. Have you reviewed the City of Centralia job description for the job you are applying for? YES NO Do you feel you are able to perform the essential functions of the job either with or without reasonable accommodation? YES NO REFERENCES Please provide three references, including supervisors, subordinates, and peers. Name Relationship **Reference Contact Information** 1. 2.

3.

PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize the City of Centralia to investigate all statements in this application to secure any necessary information from all of my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and the City of Centralia from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the City. I also authorize the City to secure financial and credit information through an appropriate agency, and I understand that, upon my written request made within a reasonable period of time, the agency providing a consumer credit report to the City will provide me with a complete description of the nature and scope of the credit report investigation. It is further agreed and understood that I shall hold the City of Centralia harmless for use of any and all information gained through these inquires.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning my credit, academic credentials, and employment references. I further understand that any misrepresentations in any of my answers or statements will result in a cancellation of my application, or if employed, will be cause for dismissal. I also authorize the City to supply information about my employment record, in whole or in part, in confidence or any prospective employer, government agency, or other party having a legal and proper interest, and I hereby release the City from any and all liability for its providing this information.

I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the City of Centralia is required to complete a thorough background check as required by the Child/Adult Abuse Information Act. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's license.

If I am applying for an exempt position, I understand that nothing in this application or my communications with any Centralia official is intended to create an employment contract between the City of Centralia and me. In the event of my employment with the City, I will comply with all rules, regulations, and policies set forth in the City's policy manual or in communications distributed by the City.

I hereby acknowledge that I have read and understand the preceding statement, and to the best of my knowledge, I certify that all statements made by me on this application are true and complete.

Signature of Applicant	 Date	

In compliance with federal and state laws and equal employment opportunity guidelines, applicants are considered for employment on the basis of qualifications and demonstrated abilities without regard to race, religion, age, color, national origin, sex, disability, sexual orientation, marital status, genetic information, veterans status, or any other basis prohibited by federal, state, or local law.

Reasonable accommodation with the application and examination process is available, upon request, for persons with disabilities.

AFFIRMATIVE ACTION QUESTIONNAIRE

Discrimination in employment is prohibited under TITLE VII of the Civil Rights Act of 1984 and Section 504 of the Rehabilitation Act of 1983. With the legal responsibility of making equal employment opportunity a reality, the City of Centralia has implemented an affirmative action program. The goal of the program is to attain proportional representation of the community at all levels of City employment.

For the purpose of effectively implementing the City's Affirmative Action Plan, we would appreciate your providing the information requested below. The information is entirely voluntary and will remain confidential. Supervisors or other departmental employees will not see the information.

Please check the sex with whice Male Female	:h you identify.	
	group with which you identify. If y preference for Affirmative Action	·
*As set forth in EEOC Form 164	4 (EEO-9). Proof of tribal affiliatior	required.
	duty in the U.S. Armed Services? b. Are you a disak	YES NO pled veteran?%
	valking, speaking, seeing, hearing,	ntially (rather than slightly) limits any of your breathing, working, learning, caring for NO
If yes, please explain:		
which you have applied?	YES NO	ments to adequately perform the job for
little of position for which you	are applying	
Name	Date	

U. S. MILITARY SERVICE	
Have you served in the U.S. Armed Forces? Yes No (if no,	skip this page)
Dates of Service: From To Branch: Date of separation from the United States active military service	
Position Title/Rank, type of training or experience	
Veterans' Preference / Scoring Criteria Status (Included only • Have you used Veterans' Preference in obtaining a previous	
RCW 41.04.010 provides for a veterans' preference to be added a you believe that you are eligible to be considered for such prefere questionnaire, by checking statements that apply to you.	
Veterans shall be granted Scoring Criteria Status as provided by Veteran as defined in RCW 41.04.005, 41.04.007, you may be en honorably discharged veteran of any war or any military campaignibon or expeditionary medal shall have been awarded.	ntitled to a hiring preference if you are
The Scoring Criteria Status available to a Veteran can Appointment", once the appointment is made either with C credit is no longer ava	City of Centralia or any other employer, the
Scoring Criteria Status Claimed for Competitive Examination Ten percent (10%) to a veteran who served during a per in RCW 41.04.005 and does not receive military retirement. Entribe utilized in promotional examinations; Five percent (5%) to a veteran who did not serve during defined in RCW 41.04.005 or is receiving military retirement. Entribe utilized in promotional examinations; Five percent (5%) to a veteran who was called to active state or any of its political subdivisions or municipal corporation exam only. (Eff. 7/26/09)	iod of war or in an armed conflict as defined rance exam only. The percentage shall not a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in an armed conflict as a period of war or in a
I hereby certify that, to the best of my knowledge, I am entitled to claiming veterans' preference; I will be disqualified from employ have not received a previous employment appointment here or a preference. I also understand that if employed, any misrepresent preference is sufficient cause for dismissal. A copy of my DD-214 accompanies this form.	yment with the City of Centralia. I certify that I t any other agency with the use of veterans'
Applicant Signature:	/s/ Application Date:
Print Full Name:	

COPY OF YOUR FORM DD-214 MUST ACCOMPANY THIS FORM AT TIME OF APPLICATION